State of Rhode Island and Providence Plantations
Office of the Secretary of State

(NAICS) # 561730

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00*

1. Corporate ID No.	2. Name of Corporation			
14583	NATURE'S WAY LANDSCAPING INC (561730)			
3. Street Address Principal Business Office: 2953 HARTFORD AVE		City: JOHNSTON	State: R.I.	Zip: 02919
4. Business Phone No.: 949-5700	5. State of Incorporation: RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island: MAINTENANCE + CONSTR. OF COMM. + RES. LANDSCAPES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Vice President Name
	WILLIAM RAINONE	ANTHONY RAINONE
Street Address	354 CHAPMIST HILL RD	28 HOLTMAN AVE
City / State / Zip	CHEPACHET / R.I. / 02814	CUMBERLAND / R.I. / 02864
	Secretary Name	Treasurer Name
	ANTHONY RAINONE	WILLIAM RAINONE
Street Address	28 HOLTMAN AVE	354 CHAPMIST HILL RD
City / State / Zip	CUMBERLAND / R.I. / 02864	CHEPACHET / R.I. / 02814

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED: 600 NO PAR VALUE

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
— 0 —		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: [signature] Date: 2/26/18

Print or Type Name: WILLIAM - RAINONE

Title: PRESIDENT

[redacted]

FILED
FEB 26 2018
BY 6550

File Date: ____
Check No: ____
By: ____

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08